

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED
Aug 18, 2008 LCW
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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

BRIAN BUCHANAN

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

08CV4685
JUDGE COAR
MAG. NOLAN

DR. A. DUNLAP

DIRECTOR GORDIEZ

DR. MINNAZEES

NURSE TATE

SHERIFF TOM DART

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: BRIAN BUCHANAN
- B. List all aliases: Bud
- C. Prisoner identification number: 20060004242
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2750 S. CALIFORNIA AVE. / BOX #089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: DR. A. DUNLAP
 Title: MEDICAL DOCTOR @
 Place of Employment: COOK CO. JAIL
- B. Defendant: DIRECTOR GORDINEZ OR DOMENIGUEZ
 Title: DIRECTOR OF JAIL
 Place of Employment: COOK CO. JAIL
- C. Defendant: DR. MINNAZEES @ DEPTON 8/RDU
 Title: ~~DR~~ MEDICAL DOCTOR / PSYCHIATRIST
 Place of Employment: COOK CO. JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. DEFENDANT DR. A DUNLAP

TITLE: Medical Doctor

PLACE OF EMPLOYMENT 2650 South California, Chi, IL. 60608

E. DIRECTOR GORDINEZ OR DOMINGUEZ

Title: Director of Jail

Place of Employment 2650 South California Ave. CHI, IL. 60608

F. DR. MINNA ZEES

Title: Psychiatrist Division 8 R.T.U

Place of Employment 2650 South California Ave. CHI, IL. 60608

A. SHERIFF TOM DART

Title: Sheriff @ COOK CO. JAIL

Place of Employment 2650 South California Ave. CHI, IL. 60608

B. NURSE TATE

Title: Nurse in Dispensary Division 10

Place of Employment 2650 South California Ave. CHI, IL. 60608

Title: Nurse At CERMAK Hospital

Place of Employment 2650 South California Ave. CHI, IL. 60608

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: BUCHANAN V. DART et. al.
08-L-0649
- B. Approximate date of filing lawsuit: 1 + 30 + 08
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MR. HOLMES,
J. MUELLER, R. CARRALS, THOMAS DART, SALVADOR GORDINEZ,
MR. JONES
- D. List all defendants: SHERIFF TOM DART MR. HOLMES, J. MUELLER,
R. CARRALS, DIRECTOR GORDINEZ, MR. JONES
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): DISTRICT COURT, NORTHERN DISTRICT, ILLINOIS
COOK COUNTY
- F. Name of judge to whom case was assigned: JUDGE COAR
MAGISTRATE JUDGE NOLAN
- G. Basic claim made: PERSONAL INJURY DUE TO NEGLECT FROM
ACCIDENT ON JAIL'S BUS
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): DISMISSED APPEAL STILL PENDING
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT (1) DELIBERATE INDIFFERENCE, 8TH AND 14TH AMENDMENT

ON APPX. 4/10/07 I WAS HOUSED IN R.T.U, THE MENTAL HEALTH UNIT. I WAS TAKING THE

MEICATION (SEROQUEL) A PSYCH. MEDICATION. IN 4/?/08 MY PSYCHIATRIST

DR. MINNAZES TOLD ME THAT THE COUNTY WILL BE DISCONTINUING THE USE

WITNESS WILLIAM SANTORE 20080019702

SEROQUEL "TO ALL PSYCH PATIENTS" DUE TO THE BUDGET CUT RESTRAINTS, THAT THE

COUNTY COULD NO LONGER AFFORD THE COST OF MEDICATING PEOPLE WITH SEROQUEL.

I INFORMED MY DOCTOR THEN THAT MY PSYCHIATRIST OUTSIDE THE JAIL PRESCRIBED

SEROQUEL FOR ME. SOON AFTER MY PRESCRIBED MEDICATION WAS CHANGED, I STARTED

EXPERIENCING BAD HEADACHES, SLURRED SPEECH AND ON OR ABOUT THAT TIME HE (DEFENDANT MINNAZES

SAID THAT THE MEDICATION HE WOULD CHANGE IT TO WOULD HAVE THE EXACT SAME EFFECT

IS SEROQUEL. HE KNEW THAT IT COULD HURT ME. HE PRESCRIBED: PROFENAZINE AND

LEADON, AFTER GIVING THEM I WAS TRANSFERRED OUT OF THE PSYCH. UNIT, DUE TO THE

CHANGE IN MED'S. CITING THAT THE NEW MEDS WAS NOT ENOUGH TO HOUSE ME IN THE

MEDICAL UNIT. THUS VIOLATING "DUE PROCESS" IT'S WHAT MY MANY COMPLAINTS LISTED.

NOR ABOUT 1/?/08 I Woke UP AND CAME IN THE DAY ROOM'S BATHROOM. WHILE ON THE

TOILET, MY TONGUE STARTED TO SWELL (FROM AN ALLERGIC REACTION) AND STICK TO THE ROOF OF

MY MOUTH. I WENT TO TELL C/O TAPIA WHO IMMEDIATELY CALLED FOR HELP. WHILE WAITING

SO DEFENDANT MS. TATE ARRIVED AND STARTED BELITTLING ME, AND LAUGHING @ MY CONDITION.

I LOOKED BAD. I STARTED HAVING THE PARALYZING HEADACHES AGAIN AND SWEATING

ROFUSLY. FINALLY SHE ASKED "TAPIA" TO SEND ME TO THE DISPENSARY. I WAS FORCED TO

WAIT THERE IN PAIN AND ENDURING CRAMPS, SWEATING, HEADACHES AND SWOLLEN TONGUE AND

A LOW NECK. I COULDN'T STOP MY HEAD FROM TWISTING TO THE SIDE (UNCONTROLABLY) THE

MEDICAL NEGLECT WENT ON FOR OVER 5 HOURS FROM APPX. 9 A.M. TIL 2:15 P.M. DEFENDANT

"UNLAP, INSISTED "HE'S FAKING, HE SHOULD BE SENT BACK" FINALLY AFTER 5 PLUS HOURS OF

NEGLECT AND PAIN SHE DECIDED TO GIVE ME A "SHOT OF COGENTIN" SHE COULDN'T FIND

ANY SO AFTER ANOTHER WAIT SHE SENT ME TO CERMAK HEALTH SERVICES. WHERE I RECEIVED

A BENADRYL SHOT INSTEAD. CERMAK CALLED MY PSYCHIATRIST WHO CAME OVER TO CERMAK AND

THE NURSE THERE SAID "I THINK YOU PRESCRIBED HIM THE WRONG MEDICATION, BECAUSE

HE'S BEEN HAVING ALLERGIC REACTIONS TO THIS STUFF YOU ORDERED." HE THEN WROTE ME A

PRESCRIPTION FOR COGENTIN WHEN HE DISCONTINUED THE PROFENAZINE AND SHOULD HAVE

JUST ORDERED MY PROPER MED'S. BEFORE AND NOW, THE DEFENDANTS LISTED HER IN WERE

ALL) NOTIFIED ABOUT MY COMPLAINTS AND REFUSED TO REPLY OR HELP ME TO CIRCUMVENT

THIS COMPLAINT. IN FACT DR. MINNAZES WAS INTENTIONALLY LYING SAYING THAT

NOBODY WAS TAKING THAT BRAND ANYMORE. BECAUSE ONE OF MY WITNESSES

WILLIAM SANTORE 20080019702 STILL TAKES IT AND HE HAS HAD NO PROBLEMS FROM

TAKING IT. THERE ARE SEVERAL DETAINEES EVEN ON MY TIER TAKING SEROQUEL

DR/DEFENDANT KNEW HE SHOULD NOT HAVE CHANGED MY MEDICATION. I NEVER

HAD ANY REACTIONS NOR ANY DIFFICULTIES, I SUFFERED NOX ANY SWELLING OF MY TONGUE OR NECK TWITCHING/HEAD TURNING EPI-
TISODES. I'VE MADE SEVERAL COMPLAINTS TO (ALL) DEFENDANTS LISTED/NAMED IN THIS COMPLAINT. DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES. THE DEFENDANTS DID KNOW ABOUT MY PROBLEMS: SHERIFF TOM PART WAS LITIGATED TO, DIRECTOR WAS WRITTEN TO (TWICE), DR. DUNLAP & DR. MINNA ZEES BOTH HAD PERSONAL KNOWLEDGE, SO DID NS. TATE, YET THEY CONTINUED TO ALLOW MY RIGHTS TO BE VIOLATED. WHEN, DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS COULD OR WOULD CAUSE ME PAIN & SUFFERING. AND DID SO WITH INTENT AND MALICIOUSLY WITH THE INTENT TO CAUSE ME INJURY, FOR NO PENOLOGICAL PURPOSE. AS A RESULT OF THESE VIOLATIONS, I SUFFER FROM: HEADACHES, CHRONIC AND SEVERE DEPRESSION, PERIODIC TWITCHING AND PAINFUL CRAMPS.

SEE: EXHIBITS (G) (THE DATES ARE THE TRACKING INSTRUMENT)

COUNT @

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

- A) AWARD ME \$3.2 MILLION FOR COMPENSATORY DAMAGES
B) AWARD ME 10-12 YEARS OF MEDICAL/MENTAL TREATMENT AT
THE DOCTOR OR MEDICAL FACILITY I CHOOSE PAID BY DEFENDANTS
C) FIRE AND TAKE THE LICENCES OF: DR. DUNLAP, DR.
MENNAZEES

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 20 day of MAY, 2008

Brian Buchanan

(Signature of plaintiff or plaintiffs)

BRIAN BUCHANAN

(Print name)

#20060004242

(I.D. Number)

2650 South CALIFORNIA AVE.

Chicago, IL 60608

(Address)

EMERGENCY#
411

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

 Detainee Last Name: BUCHANAN First Name: BRIAN

 ID #: 2006-0004242 Div.: 10 Living Unit: 1A Date: 5/18/08
BRIEF SUMMARY OF THE COMPLAINT:

Pertaining to my psychiatric medication, last year when I was in RTU I was taking Seroquel as one of my psyche medication then I was told by my doctor that the county is going to discontinue the use of distributing Seroquel due to the budget cut restraint. I told my doctor that I was prescribed Seroquel by my psychiatrist from the cut side of the jail, he then told me he will give me a medicine that does the same thing that Seroquel does that medication being Profinazine and Geodon. In January I had a allergic reaction where my tongue swelled up and stuck to the roof of my mouth. I was taken to the dispensary to see the doctor Dunlap she then sent me to Cermak to get a shot because they didn't have it in the dispensary. I just found out that inmates here in division 10 are still getting Seroquel. I want to be put back on my medication I will be taking legal actions against the county.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

WILLIAM SANTORE 20080019702

ACTION THAT YOU ARE REQUESTING:

To be put back on my regular medication which is 300 mg of Seroquel

 DETAINEE SIGNATURE: Brian Buchanan

C.R.W.'S SIGNATURE: _____

 DATE C.R.W. RECEIVED: 5/18/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

* Please note: When processed as a request, PART - B is not applicable. *

This Request has been processed by: C.R.W.

Response and/or Action Taken:

Date: 01/18 Div./Dept. 10

Part-A / Control #: 2008 X 1165Referred To: C. Cook☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: BUCHANAN First Name: BRIAN

ID #: 2006-0004242 Div.: 10 Living Unit: 2C Date: 5 / 12 / 08

BRIEF SUMMARY OF THE COMPLAINT: This is pertaining to my Psyche Medication, I am a detainee here in division 10 Mental health tier 2-C. Which means that I am a psychiatric patient that takes that takes three different Psyche Medications, names being Depakote, Geodon and Trazadone. That needs these Medications as scheduled to take them by my psychiatrist, But on 5/12/08 none of the patients on tier 2-C received Medication this morning due to the fact that staff said there was a nurse here to pass out the medication. That is no excuse for this action it is mandatory that psyche patients take medication as scheduled by their psychiatrist in timely manner.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Bernie East 20070002702

Bobby Lee Harrison 20040022892

ACTION THAT YOU ARE REQUESTING:

For staff (nurse) to be disciplined for lack of duty and upholding Job Title.

DETAINEE SIGNATURE: Brian Buchanan

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 05/12/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

Referred To: SUPT. DIV. 10☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: BUCHANAN First Name: BRIAN

ID #: 2006-0004242 Div.: 10 Living Unit: 1A Date: 5/25/08

BRIEF SUMMARY OF THE COMPLAINT: This is pertaining to me being a psychiatric patient and not being housed on ^{A Tier} with people of my peers. I am on tier 1A here in division 10 and in fear of my life to the point where I don't trust no one because it is gang infested more than it is psych or medical. I have 3 court orders that says I should be with people of my peers. Which is RTU. Since RTU is here in division 10 now I should be housed where RTU ~~is~~ and I will take legal actions against the county due to my court orders not being honored.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Bobby Lee Harrison 20040072892) JOHN GARFIELD 20072056

ACTION THAT YOU ARE REQUESTING:

To be moved where people of my peers are because I am in fear of my life on 1A

DETAINEE SIGNATURE: Brian Buchanan

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 6/4/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE FORM PROCESSED AS A REQUEST

Please Note :

- If the detainee is not satisfied with the response and/or attempt at resolving this issue, the detainee may resubmit the concern and it will be processed as a grievance.
- When processed as a request, an appeal of the response and/or action taken cannot be made.
 - When processed as a request, PART-B is not applicable.

Detainee's Last Name: Buchanan First Name: Brian

ID#: 2006-0004242 Div: 10 Tier/Living Unit: 1A

Date of Request: 5/25/08 Date C.R.W. Received Request: 6/14/08

This request has been processed by: Kate Graham C.R.W.

Summary of Request:

Detainee is requesting a review and/or reconsideration of his housing assignment per his medical/psych needs

Response and/or Action Taken:

Detainee Buchanan, Harrison & Graham: you all have been cleared as according to the Policies and Procedures of Division 10. You all take the criteria to be cleared and I'd unless a physician stated otherwise.

W. K. Johnson
(Print- name of individual responding)

W. K. Johnson
(Signature of individual responding)

Date: 7/1/08 Div./Dept. CCD

Part-A / Control #:

Referred To: Sgt. Div. 10☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: BUCHANAN First Name: BRIAN

ID #: 2006-0004242 Div.: 10 Living Unit: A / 1 Date: 5 / 15 / 08

BRIEF SUMMARY OF THE COMPLAINT: This is pertaining to Me being locked up for hours at a time and I'm a psychiatric patient who takes three different psych medications. Those being (Depakote), (Trazadone) and (Geodon), it is a violation of my rights to be locked behind doors in a cell with another person who suffers mental as well, unsupervised. Known only that my diagnoses are, Manic Depression, Psychosis, Bipolar and Acute Anxiety, Due to being locked up for so many hours daily it makes me depressed and psychosis becomes a big part of my daily activity. And it is unconstitutional to have a mental person locked up all the time.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Bobby L. Harrison
20040072892

Quinn
20050018203

Robert Harper
20060061488

JIM SMITH
20080021377

ACTION THAT YOU ARE REQUESTING:

That it be single patient to each cell and let off Dead lock.

DETAINEE SIGNATURE: Brian Buchanan

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 5/20/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.